

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157652	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2012
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE ASSOCIATES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2038 W 2ND STREET MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	INITIAL COMMENTS This visit was a Home Health federal recertification survey. This was a partial extended survey. Survey Date: 9/18/12 to 9/21/12 Facility #: 012169 Medicaid #: NA Surveyor: Tonya Tucker, RN, PHNS Census: 61 Quality Review: Joyce Elder, MSN, BSN, RN September 25, 2012	G 000			
G 158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure home health aide (HHA) services had been provided as ordered by the physician on the plan of care in 2 of 11 records reviewed. (#2 and #9) Findings: 1. Clinical record number 2 included a plan of care established by the physician for the care provided 08/18/2012 to 10/16/2012 that evidenced home health aide services were to be	G 158		10/4/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 158	<p>Continued From page 1</p> <p>provided 2 hours per day, 1 day per week, for 1 week and 2 hours per day, 3 days per week, for 8 weeks.</p> <p>A. The record evidenced HHA services had been provided for 2 days for the week of 08/19/12 to 08/25/12.</p> <p>B. On 09/18/2012 at 1:15 PM, the alternate administrator, employee B, indicated no documentation of the missed visit could be located.</p> <p>2. Clinical record number 9 included a plan of care established by the physician for the care provided 07/20/2012 to 09/17/2012 that evidenced home health aide services were to be provided 4 hours per day, 7 days per weeks.</p> <p>A. The record failed to evidence HHA services had been provided on 07/29/2012 and 08/31/2012.</p> <p>B. On 09/21/2012 at 11:45 AM, employee B indicated that no documentation of HHA missed visits for these dates could be located.</p>	G 158			